MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02019

2041

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
a. COUNTY Prince Georges MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE MD. b. COUNTY Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairham Park, MD. X
d. STREET ADDRESS 9318 Worrell Ave.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print) First Ella Middle E. Last Andrews

4. DATE OF DEATH Month Feb Day 26 Year 1956

5. SEX F

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 11-18-77

9. AGE (In years last birthday) 78 yrs.

IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Lynchburg Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Fortune

14. MOTHER'S MAIDEN NAME Martha H. Flippen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. J. O. Davis Address 400 – 9th Street, S.E. Washington (3) D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH yrs

420.0

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 1-19, 1956, to 2-26, 1956 that I last saw the deceased alive on 2-26, 1956, and that death occurred at 10:20 p. M, from the causes and on the date stated above.

ACTUAL SIGNATURE Arnold A Lear M.D.

ADDRESS (Street, city or town, state) 4314 Gallatin St. Hyattsville, Md

DATE SIGNED 2-29-56

PHYSICIAN'S NAME (Type) ARNOLD A. LEAR

22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

22b. DATE THEREOF 2/29/56

22c. NAME OF CEMETERY OR CREMATORY Arlington National

22d. LOCATION (City, town, or county) (State) Arlington Virginia

23. FUNERAL DIRECTOR'S SIGNATURE Dalby's Funeral Home Inc. ADDRESS 3200 R.I. Ave Mt. Rainier Md.

24a. REC'D BY REGISTRAR DATE 2/28/56

24b. REGISTRAR'S SIGNATURE Amanda Downey

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed and signed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville

LENGTH OF STAY (In this place) 5 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5815 - 31st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Pr. Geo.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville

STREET ADDRESS (If rural, give location) 5815 - 31 St. Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederick	William	Artois Sr.	Feb	13.	1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	24 May 1903	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter. D.C. Govt.		Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Emil C. Artois	Mary C. Pressey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	W.W. II	Unk.	Elizabeth D. Artois - Wife Same add.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia and exposure to heat DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Conflagration in the home - DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) (County) (State) Hyattsville, Pr. Geo Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-12-56 A. M.		Conflagration in the home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-13-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/56	Arlington National	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 14 1956	Mrs Jas. Bowers Deputy	F. Zoucha sons	Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02021

Item 9, FilmG193 3-5-56 et

2042 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 Riverdale, Md — LENGTH OF STAY (in this place) 42 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewisdale, Md x
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Leland Memorial 4404 Queensbury Rd	STREET ADDRESS (If rural give location) 6902 23rd Ave
3. NAME OF DECEASED (Type or Print) (First) Hester (Middle) Belle (Last) Aull	4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956
5. SEX: Fe — 6. COLOR OR RACE: Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: 6-13-1884	9. AGE last birthday 71 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): So. Carolina — 12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Joel Kinard	14. MOTHER'S MAIDEN NAME: Martha Dominick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. —	17. INFORMANT & ADDRESS: Hosp. Record

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332x IMMEDIATE CAUSE	(A)	Cerebral Thrombosis	16 yrs last 6 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	General arteriosclerosis	16 yrs
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1956, to Feb 16, 1956 that I last saw the deceased alive on Feb 16, 1956, and that death occurred at 6 10 P M, from the causes and on the date stated above.

SIGNATURE L W Malin M.D. ADDRESS Riverdale, Md DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Feb 20/1956	NAME OF CEMETERY OR CREMATORY Fort Lincoln	LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REGISTRAR 2-18-1956	REGISTRAR'S SIGNATURE Mrs. Jas. Devere	24. FUNERAL DIRECTOR F. Gasch's sons	ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02022

2029 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 7 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Bell's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cincinnati 72x-3
STREET ADDRESS (If rural give location) 4381 Mayhew Ave.

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Ann (Last) Bachscheider

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 29, 1955

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank J Bachscheider

14. MOTHER'S MAIDEN NAME: Patrica A. Moulti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Frank J. Bachschieder Same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

753.1 IMMEDIATE CAUSE (A) Dehydration with cardio-respiratory collapse — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Extensive atrophy of brain — Birth on

DUE TO (C) Cerebral palsy — Birth on

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1956, to 2/17, 1956, that I last saw the deceased alive on 2/17, 1956, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Thomas A. Christeson M.D. ADDRESS College Park Md DATE SIGNED 2/17/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation | DATE THEREOF Feb 17, 1956 | NAME OF CEMETERY OR CREMATORY Cincinnati | LOCATION (City, town, or county) (State) Ohio

DATE REC'D BY LOCAL REGISTRAR Feb 17 1956 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02023

2043

CERTIFICATE OF DEATH

Reg. Dist. No. 243

Items 8,9 Film G193 3-5-56 ec

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Brentwood
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4512 40th st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prnce Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N. Brentwood
STREET ADDRESS (If rural give location) 4512 40th st

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Alice (Last) Baker

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1956

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 15, 1904

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Sandy P. Baker

14. MOTHER'S MAIDEN NAME: Addie C. Jasper.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clarissa C. Johnson, Sister

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

IMMEDIATE CAUSE (A) Acute Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Mitral Insufficiency & — 5 years

DUE TO (C) Congestive Heart Failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 9, 1956 to Feb 11, 1956 that I last saw the deceased alive on Feb 11, 1956, and that death occurred at 8:20 P M, from the causes and on the date stated above.

SIGNATURE (See over) Frederick W. Brown M.D. M.D. ADDRESS 1430 Cutterden St NW Wash DC. DATE SIGNED Feb 21, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Interment — DATE THEREOF 2/15/56 — NAME OF CEMETERY OR CREMATORY Lincoln Memorial — LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2/12/56 — REGISTRAR'S SIGNATURE Mrs. Jas. Davenport — 24. FUNERAL DIRECTOR Henry S. Washington & Son — ADDRESS 467 N. st NW

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Note

This patient was the regular attendant of Dr. Smallwood Atkiss, 631 Mass. St NW, Washington D.C, with whom I am associated. He had attended for over the past 5 years, saw her last on ~~of~~ February 9, 1956. I saw her only one time, this evening at about 8:00 PM for the first time, and she expired in my presence. I am therefore signing this ~~certificate~~ on the advice of Dr. John T. Mahoney, Deputy Coroner after telephone conversation.

Frederick D Drew M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02024

2044 CERTIFICATE OF DEATH Reg. Dist. No. 257

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 801 Fairlawn Ave (see birth c)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Karen Girl E. (Last) Beall

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 9 Feb 1956
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harrison Beall
14. MOTHER'S MAIDEN NAME: Florence Castle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774 IMMEDIATE CAUSE (A) Abnormal pulmonary ventilation — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Calc. resp. hyaline membranes

DUE TO (C) Prematurity (2 lbs 7oz)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1956, to 2/10, 1956, that I last saw the deceased alive on 2/10, 1956, and that death occurred at 2 AM, from the causes and on the date stated above.

SIGNATURE Thomas R. Christensen, M.D. ADDRESS College Park DATE SIGNED 2/10/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb 11-1956
NAME OF CEMETERY OR CREMATORY Lucy Hill Cmty
LOCATION (City, town, or county) (State) Laurel P.G. Co, Md

DATE REC'D BY LOCAL REGISTRAR Feb 10-56
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS Elliott Donaldson, Laurel, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20772513 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02025

2094 CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)

LENGTH OF STAY (in this place): 11 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. — COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47x-3

STREET ADDRESS (If rural give location): 302 E. Cap. St.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) D (Last) Belt

4. DATE OF DEATH: (Month) Feb (Day) 8th (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 24, 1897	58 yrs.	—	—	—	—

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stockman	L. H. Slumpner	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas J. Belt	Sarah E. Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	578-03-7347	Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO: Undiagnosed disease of central nervous system characterized by coma and increased spinal fluid protein — 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 21 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/55, 19..., to 2/8..., 1956., that I last saw the deceased alive on 2/8..., 1956., and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Finucane M.D. — ADDRESS: Glenn Dale Hospital Glenn Dale, Md. — DATE SIGNED: 2/8/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/9/56		to Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-8-56	[illegible]	W.W. CHAMBERS	517 11th St. S.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02026

2095

CERTIFICATE OF DEATH

Reg. Dist. No. 342

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 yrs.
Hospital, institution, or street address where death occurred: 904 - 64" Ave.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED.
(For newborn infants give residence of mother)
State: Md. County: Prince Geo.
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 904 - 64" Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Mary Benson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife: —

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): ?

8. AGE: Years: 59 | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Georgia (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Susie Simms
15. Birthplace: Georgia

16. Informant: John E. Lewis
Address: 404 Franklin St. N.W

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Feb 9-56 (month) (day) (year)

Cemetery or crematory:
Location: Washington D.C.

18. Funeral director: Henry L. Washington & Sons
Address: 467 N St. N.W. Washington D.C.

19. Feb. 10 1956 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 9 1956 at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1951, to 2-9- 1956 and that I last saw him alive on 2-9- 1956.

	DURATION
Immediate cause of death: Cancer of Trachea	
Due to:	
Due to: 162 X	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury: ____ Injured at work? ____

23. SIGNATURE: Edward Robinson, MD M. D. or other

Address: 1001 Eastern Ave. NE Date signed: 2/9/56

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2045 **CERTIFICATE OF DEATH** Reg. Dist. No. 02027

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2421 Chapman Road

3. NAME OF DECEASED: (Type or Print) (First) Alfons (Middle) (Last) Bolick

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-11-1895.

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Bolick

14. MOTHER'S MAIDEN NAME: Gretchen Giesecke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Arteriosclerosis — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 19 56, to 2-16, 19 56, that I last saw the deceased alive on 2-15, 19 56, and that death occurred at 12:45 M, from the causes and on the date stated above.

SIGNATURE Harold Fleischman M.D. ADDRESS 5431 Queen Chapel Rd Hyattsville Md DATE SIGNED 2/16/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb 18, 1956 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 2/18/56 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS F Gasch's Sons Hyattsville Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02028

2096

CERTIFICATE OF DEATH

Reg. Dist. No. 1-42

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Silesia

LENGTH OF STAY (in this place) 20 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Pr. George's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silesia

STREET ADDRESS (If rural give location) 8350- Livingston Road S. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAUDE	E.	BOWER	Feb. 23- 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 6th. 1893	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Tilbury, Canada	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Miles D. Bower- 8350 Livingston RD.S.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A)	ACUTE CONGESTIVE FAILURE	8 days
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Coronary occlusion	12 days
	DUE TO (C)	Hypertensive arteriosclerosis	15 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1955, to Feb. 23 1956, that I last saw the deceased alive on Feb. 23, 1956, and that death occurred at 8:35 P.M, from the causes and on the date stated above. Feb 23,56

SIGNATURE Andrew N. Lowry M.D. M.D. ADDRESS (Street, city, town, state) 7200 Marlboro Pike, S.E. Washington 23, D. C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 25-1956	Cedar Hill Cemetery	Suitland, Maryland.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feb 24-56	Edwa F. Gillue	Simmons Bros 1661 Good Hope RD. S.E. Washington, D.C.

2046

02029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maine — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Farmington
STREET ADDRESS (If rural, give location): 64-Middle Street

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) Dustin (Last) Bradbury

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Wid	10-18-81	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Mass.	U.S.A.

13. FATHER'S NAME: Alonzo N. Smith

14. MOTHER'S MAIDEN NAME: Emma Dustin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lawrence L. Smith - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
823X Immediate cause	(a) Bronchopneumonia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fractured femur	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Cardiovascular renal disease

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg. etc.,) INJURY Street	21c. (City or town) (County) (State): Mitchellville - Pr. Geo - Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-7-56 7:15 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Passenger in an automobile in collision with another automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John D. Maloney (Hyattsville, Md)
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: 2-4-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-transportation	2/5/56	Edson Cemetery	Lowell, Massachusetts

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/56	Vivian L. Downey	F. Gaeche Sons	Hyattsville, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02040

2097 CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH

COUNTY Prince Geo — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood

LENGTH OF STAY (in this place) 2 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Prince Geo

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westwood

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) W. (Last) Butler

4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Single	Nov 20 1955	yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Butler	Rosie Mable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	no	Rosie Mable Butler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500X IMMEDIATE CAUSE (A) Acute Pneumonia (Lobular) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Acute Bronchitis — 2 days

DUE TO (C) Upper Respiratory Cold — 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1956, to Feb 16, 1956, that I last saw the deceased alive on Feb 15, 1956, and that death occurred at 9:47 AM, from the causes and on the date stated above.

SIGNATURE Vahek M Serm M.D. ADDRESS (Street, city, town, state) Aquasco Md DATE SIGNED Feb. 16, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-56	[illegible]	[illegible] Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
FEB 21 1956	F. H. Billingsley	Hunt Funeral Home, Upper Marlboro, Md.

207172396

2047

020-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D. C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges San Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 919-62nd Place.

3. NAME OF DECEASED: (Type or Print) (First) Medora (Middle) Melidia (Last) Campbell

4. DATE OF DEATH (Month) 2 (Day) 15 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 6, 1879

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anderson Bernard Robinson

14. MOTHER'S MAIDEN NAME: Anderson Lucie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Paul Scott - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Exhaustion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Toxemia

DUE TO

(c) Septic decubital ulcers.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiovascular renal disease

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-16-56.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-20-56

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 2/16/56

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Nelson Tolson Inc. ADDRESS 924 R. St. Washington, D.C.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02052

• 2048 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED Montgomery
STATE Maryland COUNTY ~~Prince Georges~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7106 Poplar Avenue.

3. NAME OF DECEASED: (Type or Print) (First) Bernadine (Middle) — (Last) Champagne

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-2-56
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 14 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rolland Champagne
14. MOTHER'S MAIDEN NAME: Bernadina Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mothers' Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.0 IMMEDIATE CAUSE (A) Hemolytic disease of newborn

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Maternal placenta previa and Rh factor

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1956, to 2/16, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 8:30 A.M, from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen M. D. ADDRESS College Park DATE SIGNED 2/16/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF Feb 56
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 2/23/56
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry R Pierce Jr
ADDRESS Laytonsville

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20774459553

02033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2098

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest
STREET ADDRESS (If rural, give location) Locust St Md

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
JANNIE CLARK	Feb 13 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	Married	Feb 24 1900	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Anne Arundel Co Md	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
THOMAS BROOKS	EMMa POWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	ROBERT CLARK, LOCUST ST, OAK CREST Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) GENERALIZED ARTERIOSCLEROSIS — —

DUE TO

(c) Hypertension, Moderate —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. No.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
No	No	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No	No		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
No M.	No	No

22. I hereby certify that I attended the deceased from 2/13, 1956, to 2/13, 1956, that I last saw the deceased alive on 2/13, 1956, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
R L Erickson	md.	Laurel, md.	2/13/56.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 16 1956	Beacons Chapel	Anne Arundel Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 16 - 56	M. Brashears	Ridgley-Selby	401 Washington Laurel Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02034

2049 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY; LENGTH OF STAY (in this place) 17 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS SACORDA REST HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON; STREET ADDRESS (If rural give location) 715 LAWRENCE ST. NE

3. NAME OF DECEASED: (First) JOSEPHINE (Middle) MAY (Last) CLAYTON

4. DATE OF DEATH: (Month) FEB (Day) 2 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAY 20 1868

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): IOWA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEO. MINER WATERS

14. MOTHER'S MAIDEN NAME: MARY ECKLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Ruth Corey - 715 Lawrence St NE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Jan 10 - Feb 2

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio Vascular Renal — 10 yrs

DUE TO (C) Arterio Sclerosis — 10 yrs

442X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombosis left Illiac Vein

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1956, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 11 15 M, from the causes and on the date stated above.

SIGNATURE Robert R. Hottel M. D. ADDRESS 1722 Monroe St NW DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Feb 2-1956 — NAME OF CEMETERY OR CREMATORY FORT LINCOLN — LOCATION (City, town, or county) PRINCE GEO CO. (State) MD

DATE REC'D BY LOCAL REGISTRAR 2/2/56 — REGISTRAR'S SIGNATURE Amanda Dorsey

24. FUNERAL DIRECTOR THE S. H. HINES Co. — ADDRESS 1901-14th St N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02035

2050 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Geo. County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp 4408 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessaps Md
STREET ADDRESS (If rural give location) 13x-2

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Earp (Last) Cole

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1956

5. SEX: Fe
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH: June 2-1869
9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Israel Earp
14. MOTHER'S MAIDEN NAME: Amanda Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490x
IMMEDIATE CAUSE (A) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1956 to Feb 8, 1956, that I last saw the deceased alive on Feb 8, 1956, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE L W Maher M. D. ADDRESS Riverdale, Md DATE SIGNED 2-8-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/11/56
NAME OF CEMETERY OR CREMATORY: Christ Church Cem.
LOCATION (City, town, or county) (State): Guilford, Maryland

DATE REC'D BY LOCAL REGISTRAR: FEB 10-56
REGISTRAR'S SIGNATURE: Mrs. Jas. Devereux
24. FUNERAL DIRECTOR: DeWitt Donaldson ADDRESS: Laurel, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2099

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02036 Reg. Dist.

Item 21 Film G193 2-29-56 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parking Lot American Legion Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4629 Lewis Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Merion (Last) Covington

4. DATE OF DEATH (Month) Feb (Day) 12. (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	Colored	Divorced	Feb 1, 1926	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
General	General	South Dakota	U.S.A.

13. FATHER'S NAME: Merion Charles Covington

14. MOTHER'S MAIDEN NAME: Pearl Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW II		Mrs Edna L Charlin, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) asphyxia	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town)	(County)	(State)
	at scene of death	Temple Hills	P.G.	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	M.	21e. INJURY OCCURRED While at work ☐	Not while at work ☐	21f. HOW DID INJURY OCCUR?
2-12-56				Had fallen forward on floor of car in front of the front seat. Head was flexed beneath him and held there by the weight of his body. (0 sec blood)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-12-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 15, 1956	Arlington National	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 13, 1956	Carrie Campbell	Gaeche Sons	Hyattsville, Md

VS. A15A - 5 - 53

2051

02037
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 hr -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 5006 - Roanoke Place

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Crawford

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	3-1-34	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Elevator Operator		Washington D.C.	U.S.A.

13. FATHER'S NAME: Robert E. Crawford

14. MOTHER'S MAIDEN NAME: Alice Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	214-34-6639	Grace Moran.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

822X

Immediate cause (a) Pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Acute cardiac dilatation

DUE TO (c) Hemorrhage + shock

Massive laceration of liver.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
2		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Street	E. Riverdale - Prince Geo - Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-8-56 4.30 P.M.		Passenger in auto which turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-8-56

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/13/56	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/10/56	Amanda Downey	W. W. Chamberlain Co.	Riverdale, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02038

2052 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, MD.
LENGTH OF STAY (in this place) 30 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Radiant Valley md
STREET ADDRESS (If rural give location) 3604 Granby St.

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) F. (Last) Croggan

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 2-13-94

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Croggan

14. MOTHER'S MAIDEN NAME: Katie Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Gertrude Croggan - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive C-V-D — 4 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952 to Feb, 1956, that I last saw the deceased alive on 17 Feb, 1956, and that death occurred at 12 55 A.M, from the causes and on the date stated above.

SIGNATURE Thomas M. Haletwis M.D. ADDRESS 7315 Landover Rd DATE SIGNED 21 Feb. 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-24-56 — NAME OF CEMETERY OR CREMATORY Glenwood — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/21/56 — REGISTRAR'S SIGNATURE Miranda Downey

24. FUNERAL DIRECTOR J.W. Lee Son — ADDRESS 800 4½ St N.E. Wash D.C.

2100

02039
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5440 Silver Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Anthony (Last) Curtis

4. DATE OF DEATH (Month) Febru (Day) 25 (Year) 1956

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: Jan 16 1910 | 9. AGE Last Birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veteran Nelpha | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Curtis | 14. MOTHER'S MAIDEN NAME: Bertha [illegible] Holley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Charles Curtis, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure, cerebral edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-25-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2/29/56 | NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery | LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. Mar 5 56 | REGISTRAR'S SIGNATURE Carrie Campbell | 24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

VS. A15A - 5 - 53

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2053

CERTIFICATE OF DEATH

02040

Reg. Dist. No. 239

1. PLACE OF DEATH
a. COUNTY: Prince George — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel
c. LENGTH OF STAY IN 1b: 41
d. NAME OF HOSPITAL OR INSTITUTION: 320 Montgomery St

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Md
b. COUNTY: Prince George
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel
d. STREET ADDRESS: 382 Main St
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Angus — Middle: N. — Last: Dane

4. DATE OF DEATH: Month: February — Day: 21 — Year: 1956

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 15, 1879

9. AGE (In years last birthday): 76 yrs.

IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: general contractor

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cyrus Dane

14. MOTHER'S MAIDEN NAME: Gilbett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-05-8066

17. INFORMANT: Address: Aleta Dane, Washington, D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 min
420.1
DUE TO
(b): Arteriosclerosis
DUE TO
(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from May, 1954, to Feb 21, 1956, that I last saw the deceased alive on Feb 21, 1956, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Frank L Weaver Jr M.D. — ADDRESS (Street, city or town, state): 320 Montgomery, Laurel — DATE SIGNED: 2-21-56

PHYSICIAN'S NAME (Type): Frank L. Weaver, Jr

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Feb 23, 1956

22c. NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery

22d. LOCATION (City, town, or county) (State): Laurel Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: Herbert Conradson Gabriel Trad — ADDRESS:

24a. RECD BY REGISTRAR DATE: Feb 25 56

24b. REGISTRAR'S SIGNATURE: M. Brashears

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

02042

2411 N. Charles Street, Baltimore

2101

CERTIFICATE OF DEATH

Reg. Dist. No. 2H5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hyattsville; LENGTH OF STAY (in this place) 4 mos 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tiny Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN #109 Wanderer Hills, Md.
STREET ADDRESS (If rural, give location) 4109 Fairfax St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) PORTER (Last) EDWARDS

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb. 10, 1883

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Edwards

14. MOTHER'S MAIDEN NAME: Helen E. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Perry H. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Terminal Pneumonia — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Vascular accident — 4 days

(c) Cerebral Vascular accident — 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 8:22 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS DATE SIGNED Feb 2" 1956

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb-6-1956 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Feb. 3, 1956 | REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Wyatt

24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS: 2901-14th St., Washington, D. C.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02043

2054 **CERTIFICATE OF DEATH**

Reg. Dist. No. 331

1. PLACE OF DEATH
a. COUNTY: Prince George's — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 38 Cheverly
c. LENGTH OF STAY IN 1b: 7 Days
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 77 Prince George's General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): University Park Md.
d. STREET ADDRESS: 6701 Wells Parkway
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Caroline; Middle: Garnar; Last: Evans

4. DATE OF DEATH: Month: Feb; Day: 27; Year: 1956.

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Nov 29, 1869

9. AGE (In years last birthday): 86 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William H. Garnar

14. MOTHER'S MAIDEN NAME: Eliza Kascaden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital records — Address: Cheverly, Maryland.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial insufficiency
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

422.2

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour o. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 4-2, 1954, to 2-27, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at ____M, from the causes and on the date stated above.

ACTUAL SIGNATURE: [signature] M.D. ADDRESS (Street, city or town, state): Hyattsville, Md. DATE SIGNED: 2-28-56

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Mar 2, 1956

22c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

22d. LOCATION (City, town, or county) (State): Brooklyn, New York,

23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F. Gasch's Sons Hyattsville, Maryland.

24a. REC'D BY REGISTRAR DATE: 2/28/56

24b. REGISTRAR'S SIGNATURE: Amanda Downey

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02044

2102

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Pr. Geo. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale — LENGTH OF STAY: 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 31

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
STREET ADDRESS (If rural, give location): Box 31

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Ferguson

4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 19 56

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: 3 May 1876 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own home — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: King — 14. MOTHER'S MAIDEN NAME: Lulie Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Mrs. Frank. Bladensburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia Bilateral — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease — Years
(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene - toes & metatarsals — 4 Months

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1955, to Feb 4, 1956, that I last saw the deceased alive on Feb 1, 1956, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE: Hans Kurt — (Degree or title) MD — ADDRESS: RFD Bowie Md — DATE SIGNED: 2/4/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-7-56 — NAME OF CEMETERY OR CREMATORY: Adelson Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Adelphi, Md.

DATE REC'D BY LOCAL REG.: Feb 6 1956 — REGISTRAR'S SIGNATURE: Mrs. Agnes M. Gingling — FUNERAL DIRECTOR — ADDRESS: F. Bassett Sons - Hyattsville, Md.

VS. A15

2055

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02045

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6467 Harvard Road

3. NAME OF DECEASED: (Type or Print) (First) Sherman (Middle) Fireson (Last)

4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 1956 — 10.35 A.M.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Single		72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Constr.	N. C.	U.S.A.

13. FATHER'S NAME: Unk

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk	Unk.	Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-2-56.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/6/56	Bailey's Cemetery	Landover, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/2/56	Elbrenda Abrams	John I. Rhines & Co.	901-3rd St. S.W.

VS. A15A-5-53

2030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02046 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md. — LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4616 Burlington Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural, give location) 4616 Burlington Rd.

3. NAME OF DECEASED: (Type or Print) (First) RUBY (Middle) BREEDEN (Last) FLYNN

4. DATE OF DEATH (Month) Feb (Day) 28. (Year) 19 56.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	married	Jan 16. 1910	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Va	U.S.A

13. FATHER'S NAME: Newman H. Breeden

14. MOTHER'S MAIDEN NAME: Ethel M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Charles J. Flynn Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hanging DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Hyattsville Pr. Geo - Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-28-56 P. M.		Hanging

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-28-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/56	Mt. Olivet Cemetery	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1, 1956	James Devey	F. Dasch & Sons	Hyattsville Md.

VS. A15A - 5 - 53

02047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2056 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham.
STREET ADDRESS (If rural give location) Rt 2 - Box 13

3. NAME OF DECEASED: (First) DORA (Middle) L. (Last) FORSYTHE
4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.d.
8. DATE OF BIRTH: 5-4-1870
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Long
14. MOTHER'S MAIDEN NAME: Susan Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

OUE TO (B) Generalized arteriosclerosis — years.

OUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH.

19A. DATE OF OPERATION: 27 Jan 56
19B. MAJOR FINOINGS OF OPERATION: Dry gangrene of leg
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1956, to 2/2, 1956, that I last saw the deceased alive on 2/2, 1956, and that death occurred at 1:39 P.M., from the causes and on the date stated above.
SIGNATURE John H. Bayly M. O. ADDRESS 1835 Eye St NW DATE SIGNED 2/2/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/4/56
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor Pr. Geo. Md.

DATE REC'D BY LOCAL REGISTRAR Feby 5 1956
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Malley's Funeral Home ADDRESS 3200 R.I. Ave Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02048

2057 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland x
STREET ADDRESS (If rural give location) 4685- Homer Ave

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) E. (Last) Frederick

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 6-1883
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10B. KIND OF BUSINESS OR INDUSTRY: Apt. Building
11. BIRTHPLACE (State or foreign country): Wilkes Barre, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E. Frederick
14. MOTHER'S MAIDEN NAME: Sarah Mercile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No. Unknown
17. INFORMANT & ADDRESS: Mrs Edyth J. Frederick - 4685- Homer Ave. Suitland, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X IMMEDIATE CAUSE	(A) Cerebellar Thrombosis, right	1 week
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cerebral Arteriosclerosis	?
	DUE TO (C) Generalized Arteriosclerosis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10/56, 19...., to 2/7/56, 19...., that I last saw the deceased alive on 2/6/56, 19...., and that death occurred at 2:37 A M, from the causes and on the date stated above.

SIGNATURE Leon R. Sewitsky M.D. ADDRESS 4310 Kaywood Av. Mt. Rainier, Md DATE SIGNED 2/7/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-8-56
NAME OF CEMETERY OR CREMATORY Hanover Green
LOCATION (City, town, or county) (State) Hanover, Penna.

DATE REC'D BY LOCAL REGISTRAR 2/9/56
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS W W Chambers Co - Washington, D.C.

02049

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2027 **CERTIFICATE OF DEATH** Reg. Dist. No. 230

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7306 Prinston avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, Md.
STREET ADDRESS (If rural give location) 7306 Prinston avenue,.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Oscar (Last) Frith

4. DATE OF DEATH: (Month) Feb (Day) 13, (Year) 1956.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Jan 19, 1865

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Lawyer

11. BIRTHPLACE (State or foreign country): Virginia.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Frith

14. MOTHER'S MAIDEN NAME: Carolyn Cook Winfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mary Alma Davis College Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X IMMEDIATE CAUSE (A) Cardio-Vascular-Renal Disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1950, to 2-13, 1956, that I last saw the deceased alive on 2-13, 1956, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE C. Dentz M.D. ADDRESS Hyattsville Md DATE SIGNED 2-14-56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb 14, 1956 | NAME OF CEMETERY OR CREMATORY West view | LOCATION (City, town, or county) Blacksburg (State) Va

DATE REC'D BY LOCAL REGISTRAR Feb 14 1956 | REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR J. Gasch & Sons ADDRESS Hyattsville. Md

02050

MARYLAND

STATE DEPARTMETT OF HEALTH

2058

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hgts
STREET ADDRESS (If rural, give location) 1017 - Highview Drive

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Giorgis

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 12-17-94

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Safeway

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Bart Giorgis

14. MOTHER'S MAIDEN NAME: Maria Vittoni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mary Dayton 1017 Highview Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

523.0

Immediate cause (a) Cerebral-Vascular Accident

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Silicosis - bilateral (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 19 56, to 2-22, 19 56, that I last saw the deceased alive on 2-22, 19 56, and that death occurred at 12:01 A (2-23-56) m., from the causes and on the date stated above.

SIGNATURE Max M. Herzberg (Degree or title) M.D. ADDRESS 7016 - Glenn St, Seat Pleasant Md DATE SIGNED 2-23-56

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 2/25/56 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 2/23/56 | REGISTRAR'S SIGNATURE Alexandria Dowling

24. FUNERAL DIRECTOR Robert H Mattingly ADDRESS Wash DC
131-11th St SE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02051

2059 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5600 Tilden Rd.

3. NAME OF DECEASED: (First) Esthere (Middle) Green (Last) Greco
4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1956

5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: 1 April 1903. 9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Massive Intra-cranial
ANTECEDENT CAUSE (S) DUE TO Hemorrhage (Right) — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension — ?
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1956 to 2/24, 1956 that I last saw the deceased alive on 2/24, 1956, and that death occurred at 9:20 A M, from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley M. D. ADDRESS Hyatts, Md DATE SIGNED 2/25/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 2/25/56
NAME OF CEMETERY OR CREMATORY R.C. Ringley Fh
LOCATION (City, town, or county) (State) Sth. Montgomery Md

DATE REC'D BY LOCAL REGISTRAR 2/25/56
REGISTRAR'S SIGNATURE Amanda Kenney
24. FUNERAL DIRECTOR R.C. Ringley
ADDRESS 11502 Georgia Ave Wheaton Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

02052

2411 N. Charles Street, Baltimore

2103 CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CLINTON
LENGTH OF STAY (in this place) 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R. #1, Box 706

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CLINTON
STREET ADDRESS (If rural, give location) R.R. #1 Box 706

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GUSSIE	MARY	GREEN	FEBRUARY 21 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	COL	MARRIED	UNKNOWN	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		CHAS. CO., MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH SWEETNEY	MATHILDA YATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	SON - MR. FRANCIS HEDGEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	54 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE ARTERIOSCLEROTIC - CARDIO-VASCULAR DISEASE.	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE m.		NONE

22. I hereby certify that I attended the deceased from FEB. 15, 19 56, to FEB. 21, 19 56 that I last saw the deceased alive on FEB. 20, 19 56 and that death occurred at 4 45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur Shaver Jr.	M.D.	Branch Ave. & Woodyard Rd. Clinton Md.	Feb 21, 1956

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-24-56	St. Joseph Cemetery	Clinton	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-23-56	Carrie Campbell	Rollins Fun. Home	4339 Hunter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02053

Items8, 16 FilmG193 2-23-56 et

2060

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3733 Nicholson Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Griffin

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-4-1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Griffin

14. MOTHER'S MAIDEN NAME: Jane E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 163-05-7437

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Cardio vascular

DUE TO (C) Renal Disease — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED White at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 2/18, 1956, that I last saw the deceased alive on 2/18, 1956, and that death occurred at 6:15 A.M, from the causes and on the date stated above.

SIGNATURE Randall Flemer M.D. ADDRESS 432 Queen Anne's Ave Hyattsville Md DATE SIGNED 2/18/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-20-56 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REGISTRAR 2/18/56 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS C.E. Cline & Son - Frederick - Md.

1956
1928
28

2031

02054

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN W. Hyattsville
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7419-17th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN W Hyattsville
STREET ADDRESS (If rural, give location) 7419-17th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Joseph (Last) Gruberg

4. DATE OF DEATH (Month) (Day) (Year) 2-16-1956

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 25, 1952

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hyman Gruberg

14. MOTHER'S MAIDEN NAME: Jeannette Mirsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

924.0
Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Suffocation
DUE TO
(c) Syncope

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) W. Hyattsville (County) Pr Geo - (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-16-56 4:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Suffocation in bed during unconsciousness

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-16-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-17-56 — NAME OF CEMETERY OR CREMATORY Dem. Wash. Cemetery — LOCATION (City, town, or county) Hyattsville — (State) Md.

DATE REC'D BY LOCAL REG. 2-17-1956 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR Wilbur J. Summers Home - Washington, D.C. — ADDRESS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02055

2104

CERTIFICATE OF DEATH

Item 9, FilmG193 2-28-56 et

Reg. Dist. No. 2nd r

1. PLACE OF DEATH

COUNTY: PRINCE GEORGES — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SUITLAND

LENGTH OF STAY (in this place): 1 year

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4450 WHITEHALL ST.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: VIRGINIA — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): PULASKI

STREET ADDRESS (If rural give location): 311 VALLEY STREET

3. NAME OF DECEASED (Type or Print): (First) ~~HALL~~ LENA (Middle) GERTUDE (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 22, 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEM	WHITE	WIDOW	JUNE 21, 1884	71 yrs.	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	TENNESSEE	U.S. of A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN SHULL	NOT AVAILABLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	Mrs. Rex Stewart; 421 Evarts St. N.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE (A)	CEREBRAL HEMORRHAGE	3 days
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Hypertensive Cardiovascular Disease	5 years
DUE TO (C)	—	—

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1955, to FEB. 22, 1956, that I last saw the deceased alive on FEB 22, 1956, and that death occurred at 11:35 A.M, from the causes and on the date stated above.

SIGNATURE Walcott W. Gibson M.D. M.D. **ADDRESS** (Street, city, town, state) 2412 Minnesota Ave. S.E. Washington 20 D.C. **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit Burial	Feb. 24, 1956	East Hill Cemetery	Bristol Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FEB 23 1956	Mrs. Carrie Campbell	J. Arthur Walters	254 Carroll St. NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2032 **CERTIFICATE OF DEATH**

02056

Reg. Dist. No. 2 45

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 2111 Rolander Street

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville
d. STREET ADDRESS: 2111 Rolander Street
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First CARL — Middle HERBERT — Last HALSTEN

4. DATE OF DEATH: Month FEB. — Day 29 — Year 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: January 16, 1906
9. AGE (In years last birthday): 50 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Army
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Eric Halsten
14. MOTHER'S MAIDEN NAME: Hilma Mattson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 055-07-6766
17. INFORMANT: Miss Janet Halsten — Address: 2111 Rolander St. Hyattsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Thrombosis & infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

420.1

DUE TO (b): coronary sclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from April 26, 1943, to Feb 29, 1956, that I last saw the deceased alive on Feb 29, 1956, and that death occurred at 3:35 P.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: Frank R. Shea M.D. — ADDRESS (Street, city or town, state): 4100 - 22nd St NE — DATE SIGNED: 2/29/56

PHYSICIAN'S NAME (Type): FRANK R. SHEA, M.D.

22a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
22b. DATE THEREOF: 3/3/1956
22c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
22d. LOCATION (City, town, or county) (State): Prince Georges County, Md.

23. FUNERAL DIRECTOR'S SIGNATURE: L. H. Hines Co. — ADDRESS: Washington D C
24a. REC'D BY REGISTRAR DATE: March 2 1956
24b. REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

2105

02057 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Glenn M Hardy

4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1956.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	colored	single	May 4, 1955	9 months yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U S A

13. FATHER'S NAME: William J. Hardy Sr.

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor [illegible] (mother)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
		Bertha E. [illegible] Hardy Naylor Md (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

916.0
Immediate cause (a) Shock — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Internal third degree burns over
DUE TO (c) Charring of body

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)
	Home	Naylor P. G. Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
2 5 56 9:00 P		In house that burned 6 pm

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/7/56	Bacon Fun. Home	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/56	Carrie Campbell	Bacon Funeral Home	Wash. D.C.

2097256445

2106

02058

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 247

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Maryland
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) F. (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 19 56.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	single	April 9, 1953	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none		Washington D. C.	U S A

13. FATHER'S NAME: William J. Hardy Sr

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Bertha E. Hardy Naylor Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

916.0

Immediate cause (a) Shock DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Untreated third degree burns & bodyaching DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Naylor (County) P. G. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 5 56 9:00 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? In house that burned to ground

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F. Ford M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/56	Bacon Funeral Home	Wash. D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/7/56	Carrie Campbell	Bacon Funeral Home Wash, D.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2107

02059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) Phyllis (Middle) Joyce (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 19 56.

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct 3, 1949

9. AGE last birthday: 6 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J. Hardy Sr

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha E. Hardy, Naylor Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) burnes 3rd degree burns & burns — DUE TO (c) Body

916.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Naylor (County) P G (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 9:00 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James L Bond M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 2/7/56

NAME OF CEMETERY OR CREMATORY Bacon Fun. Home

LOCATION (City, town, or county) (State) Wash D C.

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home

ADDRESS Washington D.C.

2108

02060
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) Wanda (Middle) L. (Last) Hardy

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 1956

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 8, 1954

9. AGE last birthday: 1 year yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J. Hardy Sr.

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha E. Hardy, Naylor Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Immencial third degree burns and (c) Charring of body

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Naylor (County) P G (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 56 (Hour) 9:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jonas H Bamgt M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 2/7/56

NAME OF CEMETERY OR CREMATORY Bacon Fun. Home

LOCATION (City, town, or county) Washington D C (State)

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home

ADDRESS Washington D C

VS. A15A - 5 - 53

2109 02061

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Hardy Jr.

4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1956. 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov 24, 1951

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William J. Hardy Sr

14. MOTHER'S MAIDEN NAME: Bertha E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha E. Hardy-, Naylor Md (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Shock. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Universal third degree burn of body and chest DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Naylor (County) P.G. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 5 56 9PM

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Bayh M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 2/7/56 | NAME OF CEMETERY OR CREMATORY Bacon Fun. Home | LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REG. 2/7/56 | REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home ADDRESS Wash D C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02062

CERTIFICATE OF DEATH

2110

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 yrs, 10 mo's 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural give location) 12- Patterson St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) (Last) HARRISON

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	single	6/5/1877	78 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Vendor	–	Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Harrison	Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

0022 **Immediate cause** (a) Pulmonary Tuberculosis — 2 yrs, 9 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)
2600

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 yrs 9 mos

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 2-25, 1956, that I last saw the deceased alive on 2-25, 1956, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. ADDRESS Glenn Dale Hospital DATE SIGNED 2/25/56

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 2-27-56 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 2/26/56 — REGISTRAR'S SIGNATURE Ure Weems

24. FUNERAL DIRECTOR R. N. Hoyton — ADDRESS 1322 You St. N.W. Wash., D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02063

2111

CERTIFICATE OF DEATH

Item 7, Film G 193, 3/2/56 bh

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R. Brandywine Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baden, Md
STREET ADDRESS (If rural give location) R.R. Brandywine, Md

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) DANIEL (Last) HAWKINS

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-24-1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Hawkins

14. MOTHER'S MAIDEN NAME: Rachel Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura Hawkins. Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Acute Myocardial Failure — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocardial Failure — 2 yrs
DUE TO (c) Chronic Hypertensive Heart Disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Feb 19, 1956, that I last saw the deceased alive on 2/19/, 1956, and that death occurred at 7:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Yaheh M Lerner MD ADDRESS Aquasco, Md DATE SIGNED 2/23/56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-27-56 — NAME OF CEMETERY OR CREMATORY Church Cemetery — LOCATION (City, town, or county) (State) Brandywine Md

DATE REC'D BY LOCAL REGISTRAR Feb. 24. 56 — REGISTRAR'S SIGNATURE Carrie Campbell.

24. FUNERAL DIRECTOR Morrow + Woodford Inc. ADDRESS 1622-11th [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2061

02064

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02064

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cottage City; STREET ADDRESS (If rural, give location) 3704 41st Avenue

3. NAME OF DECEASED: (First) Theodore (Middle) Jefferson (Last) Hilleary

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 3, 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bldg. Inspec.

10b. KIND OF BUSINESS OR INDUSTRY: Pr Geo County

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hilleary

14. MOTHER'S MAIDEN NAME: Emma West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 577-12-3881

17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Essential hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Mahoney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-25-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/28/1956

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co. Md

DATE REC'D BY LOCAL REG. 2/27/56

REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR W. W. Chambers & Son

ADDRESS Lanham Md

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02065

2033 **CERTIFICATE OF DEATH**

Reg. Dist. No. 245

1. PLACE OF DEATH

COUNTY Prince Geo. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, R 15

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 5805 Queens Chapel Rd 90

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE D.C. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x3

STREET ADDRESS (If rural give location) 4515 Davenport St NW 20016

3. NAME OF DECEASED (Type or Print) (First) Josie (Middle) M. (Last) Hisle

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Widowed	6/28/1880	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Scanlon	Bridget Sheehan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	Clinton M. Hisle, Jr. 5632 Kansas Ave., N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) Congestive Heart Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerotic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. ~~MAJOR FINDINGS OF OPERATION~~	20. AUTOPSY?
	Coroner notified and has approved. JFS	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1956, to 2/21, 1956, that I last saw the deceased alive on 2/21, 1956, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE J. Elaine Fitzgerald M.D. ADDRESS (Street, city, town, state) 8218 Wisc. Ave. Bethesda DATE SIGNED 2/21/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/24/1956	Cedar Hill Cemetery	Prince Georges Co., Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feby 23 1956	Mrs. Jas. Devese) Deputy	The D. H. Hines Co.	2901-14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02066

2034 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 6000 Baltimore Ave

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) Lyon (Last) Holden

4. DATE OF DEATH: (Month) Feby. (Day) 17 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 28-1903	52 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Hyattsville - Md.	U.S.A.

13. FATHER'S NAME: Wallace C. Lyon

14. MOTHER'S MAIDEN NAME: Emma V. Dietzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		—	Henry H. Lyon - 4004 Jefferson St. Hyattsville Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
493X Immediate cause	(a) Congestive heart failure	2 Mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pneumonia	3 Mo
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenia	18 Mo

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/53, to 2/17/56, that I last saw the deceased alive on 2/15/56, and that death occurred at 1145 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John W. Latimer Jr	M.D.	1528 Irving Ave N.W., D.C.	2/17/56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feby 20 1956	Ft. Lincoln Cem.	Prince Georges Co Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feby 17 1956	Mrs. Jas. Devers Deputy	The D. H. Hines Co	2901-14th St. N.W. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARGIN RESERVED FOR BINDING — PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02067

2038 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. Rainier — LENGTH OF STAY (in this place) 3 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3207 Perry ST	STREET ADDRESS (If rural give location) 3207 Perry ST

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Ann (Last) Keeler	4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Married	June 15 1866	89 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	in own home	New York City N.Y.	U.S.A.

13. FATHER'S NAME: Joseph Granger	14. MOTHER'S MAIDEN NAME: Sarah Kay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no	—	none	Mrs Meda Gates cousin 3207 Perry ST MT Rainier Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (450.0)	(A) Bronchopneumonia	48 hours
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	10 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Feb 19, 1956, that I last saw the deceased alive on Feb 19, 1956, and that death occurred at 10:50 PM. from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 3305 Perry St. MT Rainier Md DATE SIGNED 2/19/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
~~2/22/56~~ Burial	2/22/56	Greenwood	Brooklyn, N.Y.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feby 21" 1956	Mrs. Jas. Devere Deputy	Nalley's Funeral Home · Mt. Rainier Md.	3200 R. I. Ave.

2112

02069 Reg. Dist. 242

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3315 Naylor Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 3315 Naylor Road

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) May (Last) Kite

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 6, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U-S-A

13. FATHER'S NAME: Calvin H. Case

14. MOTHER'S MAIDEN NAME: Julia Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Virginia Ziegler, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death)	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiovascular renal disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Ryan M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-6-56

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): | DATE THEREOF 2/8/56 | NAME OF CEMETERY OR CREMATORY Sunset | LOCATION (City, town, or county) (State) Stuart Va

DATE REC'D BY LOCAL REG. Feb 6 1956 | REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR Jos F Birch Sons ADDRESS 3034 M St NW

2062

02070
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

Item 7, Filmed 3-27-56 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 18 yrs	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6506 Edmonston Ave	STREET ADDRESS (If rural, give location) 6506 Edmonston Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph Cleveland Kochendarfer	2 - 18 - 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	11-7-92	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Dog Trainer	self	Pennsylvania	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Kochendarfer	Blanche Heilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Clare Kochendarfer Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Intracranial Hemorrhage	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cardiovascular renal Disease	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 2-18-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 21, 1956	Fort Lincoln Cemetery	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-1956	Mrs. Jas. Devere	F. Gasch's Sons	Hyattsville, Md.

VS. A15A - 5 - 53

2039

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02071 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Pr. Geo. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4009 - 36th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4009 - 36th St

3. NAME OF DECEASED: (First) Gertrude (Middle) Koske (Last)

4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 22 Sept 03
9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Van Sant
14. MOTHER'S MAIDEN NAME: Elizabeth Boone England.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-20-3965
17. INFORMANT & ADDRESS: Mildred E. Koske as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

330X

Immediate cause (a) Cerebral compression

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Subarachnoid hemorrhage -

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 2-9-56
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Hawthorne, N.J.

DATE REC'D BY LOCAL REG. 2/7/56
REGISTRAR'S SIGNATURE Mrs. James Bevere Deputy.
24. FUNERAL DIRECTOR / ADDRESS J. Wm Lee Sons Co - Wash, D.C.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2063

Reg. Dist. No. 02072

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riverdale
c. LENGTH OF STAY IN 1b: 4 hours
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Leland Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel Md
d. STREET ADDRESS: Van Dusen Road
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Agnes — Middle: Emily — Last: Leizear

4. DATE OF DEATH: Month: January — Day: 31 — Year: 1956

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: July 24, 1884

9. AGE (In years last birthday): 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: George Dixon

14. MOTHER'S MAIDEN NAME: Margaret Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Hospital record.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO (b): Arteriosclerotic Heart Disease et — 3-4 yrs
DUE TO (c): Hypertensive C-V Disease
420.0

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year — Hour a. m. p. m. — 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Jan 26, 1956 to Jan 31, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 2:27 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Robert Irving Lyall M.D. — ADDRESS (Street, city or town, state): 311 Thomas Drive Laurel Md — DATE SIGNED: 2/2/56

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Feb 29, 1956

22c. NAME OF CEMETERY OR CREMATORY: Colesville Cemetery

22d. LOCATION (City, town, or county) (State): Colesville, Md.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. Gasch's Sons Hyattsville, Maryland.

24a. REC'D BY REGISTRAR DATE: Feb. 28, 1956

24b. REGISTRAR'S SIGNATURE: Mrs. Jos. Devereux Registrar

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
15M 9/55

02073

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2064 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Good Luck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural, give location) Box 166

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Lorentz
4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1956.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 20 June 1868
9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Henry Lorentz
14. MOTHER'S MAIDEN NAME: Catherine Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 18 May 03
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bessie B Lorentz Glendale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Insufficiency	Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	Years
	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1955, to Feb 3, 1956, that I last saw the deceased alive on Jan 29, 1956, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Hamer Kurtz M D | RFD Bowie Md | 2/3/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb 7 1956. | NAME OF CEMETERY OR CRIMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: Feb. 6, 1956 | REGISTRAR'S SIGNATURE: Mrs Jas Lowrey Deputy

24. FUNERAL DIRECTOR: F Gaschpasons | ADDRESS: Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02074

2113 CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MICHIGAN PARK Hills; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY PRINCE GEORGE; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MICHIGAN PARK Hills; STREET ADDRESS (If rural give location) 1514 JENIFER ST.

3. NAME OF DECEASED: (First) JOHN (Middle) TURNER (Last) LOVE

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCT 12, 1879

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: SALESMAN

11. BIRTHPLACE (State or foreign country): ST. MARYS County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL T. LOVE MD.

14. MOTHER'S MAIDEN NAME: M. CATHERINE CHUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: EDGAR M LOVE 1512 JENIFER ST.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

144.X

IMMEDIATE CAUSE (A) Carcinoma Roof of Mouth — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1956 to Feb 23 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 8:25 P M, from the causes and on the date stated above.

SIGNATURE Richard L. Wheltow M.D. ADDRESS 1122 Decatur St NW DATE SIGNED 2-23-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/27/56 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 2/24/56 | REGISTRAR'S SIGNATURE Mrs. Jas. Lavere Hebert Deputy | 24. FUNERAL DIRECTOR Timothy Hanlon | ADDRESS 3831 Ga Ave NW. D.C.

02075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

: 2065

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacorda Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3409 Tilden Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Manning
4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1956
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/13/1880
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Counter & Examiner
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Manning
13. (occupation): Bureau Engraving
14. MOTHER'S MAIDEN NAME: Anne J. Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Frances McKee - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4422

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 36 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1956, to 2-6, 1956, that I last saw the deceased alive on 2-6, 1956, and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE: Earl H. Graff M.D. (Degree or title) ADDRESS: 2716 Kirkwood Pl. W Hyattsville Md DATE SIGNED: 2-6-56

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2-9-56
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 2/8/56
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Matteo Funeral Home, Inc. ADDRESS: 22-00 R.I. Ave. Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02076

CERTIFICATE OF DEATH

2114

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 mo., & 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 714 7th St., S. W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Matthews

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 6, 1888

9. AGE Last birthday: 68 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dishwasher

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Matthews

14. MOTHER'S MAIDEN NAME: Alice Crawford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 578-16-7364

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma, Left Lung. — Interval Between Onset And Death: 12 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/1955, to 2-1-1956, that I last saw the deceased alive on 2-1-1956, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Lee Finucane M.D. — ADDRESS Glenn Dale Hospital, Glenn Dale, Maryland — DATE SIGNED 2/2/56

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2-1-56 — NAME OF CEMETERY OR CREMATORY — — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/2/56 — REGISTRAR'S SIGNATURE Noel Wren

24. FUNERAL DIRECTOR — ADDRESS Barnes & Matthews 612-614 4½ St. S.W. Wash. D.C.

Barnes Matthews

02077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2066 CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL — LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 LAUREL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY PRINCE GEORGE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 415 LAUREL AVE

3. NAME OF DECEASED (Type or Print): (First) LEAFY (Middle) CAPTOLA (Last) McFARLAND

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 8, 1891

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CHARLES D. GODFREY

14. MOTHER'S MAIDEN NAME: EMILY LEVINIA LEISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HUSBAND - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

446X

Immediate cause (a) cerebral hemorrhage — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertension — 15 years

(c) nephrosclerosis — years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1955, to Feb 4, 1956, that I last saw the deceased alive on Feb 3, 1956, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE John R Brust — (Degree or title) MD — ADDRESS 402 Main St. Laurel Maryland — DATE SIGNED 2/4/56

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Feb 6, 1956 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. Feb 5-56 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR DeWitt Donaldson — ADDRESS Laurel, Md

2115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02078

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 12, FilmG194 3-19-56 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 2/23/54

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Cottage City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3714 43rd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City; STREET ADDRESS (If rural give location) 3714 - 43rd Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Agnes (Last) McGee

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/12/1874

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: In own home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Murphy

14. MOTHER'S MAIDEN NAME: Johanna Coughlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Robert R. Conlan (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Sclerosis — 6 months

(c) Generalized Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1956, to Feb, 1956, that I last saw the deceased alive on Feb 18, 1956, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Benjamin S. Miller M.D. | Mt. Rainier | Feb 20 1956

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/23/1956 | NAME OF CEMETERY OR CREMATORY: St. Agnes Cemetery | LOCATION (City, town, or county) (State): Albany New York.

DATE REC'D BY LOCAL REG. 2-21-56 | REGISTRAR'S SIGNATURE: Miranda Downey | 24. FUNERAL DIRECTOR | ADDRESS: Mallett Funeral Home Inc 3200 - R.I. Ave Mt Rainier, Md.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02079

Item 20 Film G193 3-13-56 ams

2067

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riverdale
c. LENGTH OF STAY IN 1b: since Dec. 31 1955
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Md. — b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lanham
d. STREET ADDRESS: Crandell Rd.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Edith — Middle: Virginia — Last: McKenney

4. DATE OF DEATH: Month: 2 — Day: 25 — Year: 1956

5. SEX: F

6. COLOR OR RACE: C

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 4/5/81

9. AGE (In years last birthday): 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANK Sprague

14. MOTHER'S MAIDEN NAME: Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: SON - George W. McKenney — Address: 1450 Eastern Ave. N.E. Wash, D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): GANGRENE OF BOTH FEET — INTERVAL BETWEEN ONSET AND DEATH: 2 MOS.
DUE TO (b): FROSTBITE — 2 MOS.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 260 / 932.0
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): DIABETES MELLITUS

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Insufficient heating of house

20c. TIME OF INJURY Hour a. m. p. m. — Month, Day, Year: Dec ? 1955

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): at home

20f. (City or town) Lanham (County) Pr.G. (State) Md.

21. I certify that I attended the deceased from 12-31, 1955, to 2-25, 1956, that I last saw the deceased alive on 2-24, 1956, and that death occurred at 2:55 PM, from the causes and on the date stated above.

ACTUAL SIGNATURE: C. J. Hoffmann M.D.

ADDRESS (Street, city or town, state):

DATE SIGNED:

PHYSICIAN'S NAME (Type):

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 22b. DATE THEREOF: 2/29/56 — 22c. NAME OF CEMETERY OR CREMATORY: Ebenezer Meth. Church Cem. — 22d. LOCATION (City, town, or county) (State): Lanham Md.

23. FUNERAL DIRECTOR'S SIGNATURE: James H. Edmonson — ADDRESS: Gillis & H.W.

24a. REC'D BY REGISTRAR DATE: 2/25/56 — 24b. REGISTRAR'S SIGNATURE: Amanda Devaney

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2035

CERTIFICATE OF DEATH

02080

Reg. Dist. No. 142

1. PLACE OF DEATH
a. COUNTY: PRINCE GEORGES — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HYATTESVILLE
c. LENGTH OF STAY IN 1b: 2 YRS
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 5723 29th AVE APT 202

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: md
b. COUNTY: PRINCE GEORGES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HYATTESVILLE
d. STREET ADDRESS: 5723 29th AVE APT 202
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First KATHERINE Middle VIRGINIA Last McNEAL

4. DATE OF DEATH: Month 2 Day 28 Year 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: AUG 10, 1894

9. AGE (In years last birthday): 61 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: — BURCH

14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): Arteriosclerotic cardio-vascular
DUE TO
(c): renal disease — Years

442X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year, Hour a. m. / p. m. 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from May, 19 55, to Feb. 28, 19 56, that I last saw the deceased alive on Feb 21, 19 56, and that death occurred at 11:30 A M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Ronald S. Fleischer M.D. — ADDRESS (Street, city or town, state): 5432 QUEENS CHAPEL Rd — DATE SIGNED

PHYSICIAN'S NAME (Type): RONALD S. FLEISCHER — Hyattsville Md 2/29/56

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Mar 2, 1956

22c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln

22d. LOCATION (City, town, or county) (State): Bladensburg Md.

23. FUNERAL DIRECTOR'S SIGNATURE: J. W. Lawson Co. — ADDRESS: 300 4th St. N.E. DC

24a. REC'D BY REGISTRAR DATE: 3-2-56

24b. REGISTRAR'S SIGNATURE: Carrie Campbell

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02081

2068 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly.
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 7807 - Munsey Rd.

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Karleen (Last) Moreland.

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1956

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 1 Oct 1953

9. AGE last birthday 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard E. Moreland

14. MOTHER'S MAIDEN NAME: Virginia E. Moreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Richard E. Moreland Same as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500x

IMMEDIATE CAUSE (A) Acute Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S) DUE TO (B) Acute Laryngeal Edema — minutes

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Acute laryngo-tracheo bronchitis — 12 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 20 AM, from the causes and on the date stated above.

SIGNATURE M.D. Max M. Herzberg ADDRESS Seat Pleasant Md DATE SIGNED 2-10-1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/12/56 — NAME OF CEMETERY OR CREMATORY Friendship Methodist Cem. — LOCATION (City, town, or county) (State) Friendship Md.

DATE REC'D BY LOCAL REGISTRAR 2/14/56 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

On February 10 1956 at 5 A.M. I was notified that Deborrah Moreland is being admitted for the treatment of an acute Laryngo-Tracheo-Bronchitis. In a very short short time (about 1 hour and 29 min) I was called again and notified that the child had expired. I have not seen the child before admission, on admission or at the time of death. The last time I attended the deceased child was on May 1955. The cause of death was determined at autopsy.

Max M. Herzberg, M.D.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

02082

2116 CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH

COUNTY PRINCE GEORGES MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY PRINCE GEORGES

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chillum

STREET ADDRESS (If rural give location) 5804-14th Place

3. NAME OF DECEASED (Type or Print) (First) MAYBELLE (Middle) VERN (Last) MURRAY

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE		MAY 27 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proof Reader Retn McCalls Mag.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HAWKINS

14. MOTHER'S MAIDEN NAME Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 291-10-7017

17. INFORMANT & ADDRESS Kenneth Vern Murray 5804 14th Place Chillum Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nephritis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1955, to Feb 3, 1956, that I last saw the deceased alive on Feb 3, 1956, and that death occurred at 11 10 A.M., from the causes and on the date stated above.

SIGNATURE Chas V. Pato M.D. ADDRESS (Street, city, town, state) 335 N. St. N.E. Washington D.C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Removal	2-3-56	Woodland Cem.	Dayton, OHIO

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb 6-56	Carrie Campbell	J Wm Leed Sons	300-4th NE.

2117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02083

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH
County Prince Georges
City or town Fairmount Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs.
Hospital, institution, or street address where death occurred:
713 - 59th Place
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Fairmount Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 713 - 59th Place
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Edna Muse

3.(b) Social Security Number

4. Sex: Female
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Wilton Muse
6.(c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): 3-4-1908
8. AGE: Years: 47 Months: 11 Days: If less than one day: hrs. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Lula Hungerford
15. Birthplace

16. Informant: Robert William Muse
Address: 5229 - Hayes St. N.E. - D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13. 56 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Wash. D.C.

18. Funeral director: Henry S. Washington & Sons
Address: 467 N st N.W. Wash D.C

Feb 22 1956 Carrie Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 19 1956 at 11 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 2-19 1956 and that I last saw h[illegible] alive on 2-17- 1956

Immediate cause of death: Coronary Heart Attack — DURATION: 3 hrs.

Due to:

Due to: 420.1

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] Robinson, M.D.
M. D. or other
Address: 1001 Eastern Ave. Date signed 2/19/56

02085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2069 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 42 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural give location) 4304-31st Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) Nealon

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/28/72

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: in own home

11. BIRTHPLACE (State or foreign country): Bristow, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Lynch

14. MOTHER'S MAIDEN NAME: Margaret Kehol

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Philip Nealon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1956, to 2/10, 1956, that I last saw the deceased alive on 2-10, 1956, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David J. Claymaw | ADDRESS 6311 Belle Ave Riverdale Md | DATE SIGNED 2/11/56

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 2/14/56 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. Feby 13 1956 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Phillips Funeral Home, Inc 5200 R.I. Ave Mt. Rainier, Md.

VS. A15 2/15/56

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02086

2118 CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale (Rural)
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural give location) % Mrs. Anne Young, 1000 bl., 10'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) E (Last) NOCK

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/10/18
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eddie Pollard
14. MOTHER'S MAIDEN NAME: Mary McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Lost
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
002X Immediate cause	(a)	Pulmonary Tuberculosis	4 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)		
260X	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 11 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1956, to 2-25, 1956, that I last saw the deceased alive on 2-25, 1956, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. ADDRESS Glenn Dale Hospital DATE SIGNED 2/25/56

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2.29.56
NAME OF CEMETERY OR CREMATORY D.C. Morgue
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 2/26/56
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Daniel Leo Finucane M.D.
ADDRESS Glenn Dale Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02087

2070 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East Riverdale 25
STREET ADDRESS (If rural give location) 5512 Madison Street

3. NAME OF DECEASED: (First) Viola (Middle) RUTH (Last) Oliver
4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	4-4-1895	60 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS
10B. KIND OF BUSINESS OR INDUSTRY: L. FRANK Co.
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: DEBORAH FOSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 555-40-7184
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Bronchopneumonia	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive Heart Failure	3 days
	DUE TO (C) Coronary Arteriosclerotic Heart Dis.	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pulmonary Emphysema	?

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1956, to 2/3, 1956, that I last saw the deceased alive on 2/3, 1956, and that death occurred at 12:35 P.M., from the causes and on the date stated above.

SIGNATURE Albert Rolett M.D. ADDRESS Riverdale DATE SIGNED 2-3-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION
DATE THEREOF 2/6/1956
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/56
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS Riverdale, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02088

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2071

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr Geo Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md
LENGTH OF STAY (in this place) 1 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale Md
STREET ADDRESS (If rural give location) 4806 Madison St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Raymond M O'Meara

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1956

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 2-7-1898
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D-C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. O'Meara
14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Florence K O'Meara

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Congestive Heart Failure — 6 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease — Unknown

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jan, 1956, to 26 Jan, 1956, that I last saw the deceased alive on 26 Jan., 1956, and that death occurred at 6:30 P.M, from the causes and on the date stated above.

SIGNATURE John Kehoe M.D. ADDRESS Cheverly Md DATE SIGNED 8 Feb 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-11-56
NAME OF CEMETERY OR CREMATORY Mt Olivet Cem
LOCATION (City, town, or county) (State) Wash DC

DATE REC'D BY LOCAL REGISTRAR Feb 9. 1956
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR W R Huntemann & Son
ADDRESS 52 ... St Wash ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02089

CERTIFICATE OF DEATH

2072

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesealy.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Gen Geo. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
STREET ADDRESS (If rural give location) Rt 2 - Box 571

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Owens

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1956

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-9-1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Owens

14. MOTHER'S MAIDEN NAME: Sarah A. Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Nora L. Owens - Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

IMMEDIATE CAUSE (A) Lobar Pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Nephrosclerosis DUE TO

(C) Uremia

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19..., and that death occurred at 6 45/60 M, from the causes and on the date stated above.

SIGNATURE David S. Clayman M. D. ADDRESS Riverdale Md DATE SIGNED 2/11/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-13-56

NAME OF CEMETERY OR CREMATORY Washington Natl

LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 2/11/56

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 1661 Good Hope Rd SE Washington DC

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02090

2119 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Woodridge; LENGTH OF STAY (in this place) 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4426-21 St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same; STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) EISIE (Middle) CORA (Last) PANZNER

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25 1907

9. AGE Last birthday: 48 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Dist of Col

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Walter Wayson Daniels

14. MOTHER'S MAIDEN NAME: Addie May Litzinger (LITZINGER)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Husband, Frank Panzner Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (540.0)	(a) Coronary Occlusion	1 Hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Peptic ulcer acute	2 wks
	(c) DUE TO Arteriosclerosis Generalized and Hypertension Heart Disease	3-4 yrs

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 15 1941, to Feb. 28 1956, that I last saw the deceased alive on Feb 25 1956 and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Dewey M.D. ADDRESS 1629 Columbia Rd NW DATE SIGNED Feb. 28, 1956

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial; DATE THEREOF 3/3/56; NAME OF CEMETERY OR CREMATORY Cedar Hill Cem; LOCATION (City, town, or county) (State) Prince Geo Co. Md

DATE REC'D BY LOCAL REGISTRAR Feb 28 1956; REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St Washington D.C.

VS. A15

2073

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02091 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4622 - Clay St NE

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Parker

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1956

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: - - 1418

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 1122 - 49th Pl N.E. Henry Parker Wash. D.C. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Intracranial hemorrhage

DUE TO

(c) Cerebellar hemorrhage

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-7-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/11/56

NAME OF CEMETERY OR CREMATORY Forest Memo.

LOCATION (City, town, or county) (State) Maryland

DATE REC'D BY LOCAL REG. 2/8/56

REGISTRAR'S SIGNATURE Amanda A Burney

24. FUNERAL DIRECTOR Henry L Washington & Son

ADDRESS 467 N st. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02092

2074 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie, Md. 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp. 77

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 15 56-2
STREET ADDRESS (If rural give location) 107 Southampton dr.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) MARIE (Last) Parr

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1956

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: 12/15/1900 | 9. AGE last birthday 55 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store | 11. BIRTHPLACE (State or foreign country): Penna | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jenkins | 14. MOTHER'S MAIDEN NAME: Myra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Doris Parker (Daughter) 107 Southampton dr. S.S. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Carcinoma of Cervix C DUE TO metastases — INTERVAL BETWEEN ONSET AND DEATH ± 1 yr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 19 55 to 2-16, 19 56, that I last saw the deceased alive on 2-16, 19 56, and that death occurred at 11:40 A M, from the causes and on the date stated above.

SIGNATURE Arnold A Lear M.D. ADDRESS Hyattsville Md. DATE SIGNED 2/17/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/20/56 | NAME OF CEMETERY OR CREMATORY Wash. National | LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 2/18/56 | REGISTRAR'S SIGNATURE Amanda L Burney | 24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. 1400 Chapin St NW

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8,9, Film G194 3-37-50 et

2075

CERTIFICATE OF DEATH

02093

Reg. Dist. No. 237

1. PLACE OF DEATH
a. COUNTY Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly Md
c. LENGTH OF STAY IN 1b 1 wk
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 77 Prince Georges Gen. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MD — b. COUNTY A A
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deale 02X-2
d. STREET ADDRESS
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print) First IRA Middle [illegible] Last SHOAFF Phipps

4. DATE OF DEATH Month Feb. Day 25 Year 1956

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug 9 1878? 78? yrs.

9. AGE (In years last birthday)

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN

10b. KIND OF BUSINESS OR INDUSTRY oystering

11. BIRTHPLACE (State or foreign country) Deale, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Phipps

14. MOTHER'S MAIDEN NAME IDA EVANS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Jennie Phipps Deale Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 4 days
420.1
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Coronary Occlusion — 7 days
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 2-18, 1956, to 2-25, 1956, that I last saw the deceased alive on 2-25, 1956, and that death occurred at 9:20 M, from the causes and on the date stated above.

ACTUAL SIGNATURE R R Sasscer M.D. ADDRESS (Street, city or town, state) Upper Marlboro Md DATE SIGNED 2-28-56

PHYSICIAN'S NAME (Type) Robert Sasscer

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial

22b. DATE THEREOF 2/29/56

22c. NAME OF CEMETERY OR CREMATORY St Johns

22d. LOCATION (City, town, or county) (State) Trueys Md

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernard Hardesty Galesville Md

24a. REC'D BY REGISTRAR DATE Feb. 29, 1956

24b. REGISTRAR'S SIGNATURE 3/1/56 Amanda Davis

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G193 2-23-56 et

2076

CERTIFICATE OF DEATH

02094

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tokoma Park.
STREET ADDRESS (If rural give location) 6515 Westmoreland Ave

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Pickles

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 27 Mar 1883
9. AGE last birthday 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hse.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B Hood
14. MOTHER'S MAIDEN NAME: Celia Vanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: William Pickles 6515 Westmoreland Takoma Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Calcific Aortic Stenosis — ?

DUE TO (C) Chronic Rheumatic Heart Disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [1] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19....., to ....., 19....., that I last saw the deceased alive on Feb. 2, 1956, and that death occurred at 11 35 pm M, from the causes and on the date stated above.

SIGNATURE David A Clayman M. D. ADDRESS Riverdale Md DATE SIGNED 2/3/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb 6 1956
NAME OF CEMETERY OR CREMATORY Colesville meth church cemetery
LOCATION (City, town, or county) (State) Woodside Silver Spring Md.

DATE REC'D BY LOCAL REGISTRAR 2/8/56 Feb 7 1956
REGISTRAR'S SIGNATURE Amanda D Feeney
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave NW DC

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2077

02095

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) Dod.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Va — COUNTY Henrico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Richmond

STREET ADDRESS (If rural, give location) 5107 - Cofson Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Clyde	Poyner	2-26-1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 21, 1896	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Records Div. Superintendent	Automobile	Baltimore, Md	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ernest Poyner	Sarah Knowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	825-07-8369	Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

4427

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-26-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	2/29/56	Norfolk	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/56	Amanda Downey	J. Gascho & Sons	Hyattsville Md

2078

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02096 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3915 Windom Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 3915 Windom Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Haywood	Zollie	Pulley	2	9	1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Mln.
Male	Colored	Married	3-11-21	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	P.O. Dept	N. Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Zollie Pulley	Madge Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
		Wife - 1251 Irving St., N.W., Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Hemorrhage & shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Lacerated wounds of neck.	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY	21c. (City or town) (County) (State)
	Home	N. Brentwood - Pr. Geo - Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-9-56 ? M.		Self inflicted wound with broken drinking glass.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-9-56.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/10/56	1432 York Rd	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 10 1956	Mrs. Jas. Lenere) Deputy	W E Jarvis Funeral Home	Wash. D.C.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2079

CERTIFICATE OF DEATH

02097

Reg. Dist. No. 231

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland b. COUNTY:

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chedcrly

c. LENGTH OF STAY IN 1b: 17 days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Greenbelt

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Prince Georges General Hospital

d. STREET ADDRESS: 2K- GARDENWAY

e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Paul Middle: WELLER Last: Reed

4. DATE OF DEATH: Month: 2 Day: 29 Year: 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-14-1919

9. AGE (In years last birthday): 36 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRONIC ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: Engineer

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: PAUL WELLER REED

14. MOTHER'S MAIDEN NAME: MARGARET G. SHUGART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 578-12-8299

17. INFORMANT: Statistic Card — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Retroperitoneal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): Ruptured Varices — 12 hrs
DUE TO
(c): Faulty Platelet Reaction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pulmonary Embolus

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 2/17, 1956, to 2/25, 1956, that I last saw the deceased alive on 2/29, 1956, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Saul Schwartzbach M.D. — ADDRESS (Street, city or town, state): 1721 Eye St. NW Wash. D.C. — DATE SIGNED:

PHYSICIAN'S NAME (Type): SAUL SCHWARTZBACH

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 3/3/1956

22c. NAME OF CEMETERY OR CREMATORY: Old Durham Episcopal Church

22d. LOCATION (City, town, or county) (State): Ironsides, Charles Co. Md

23. FUNERAL DIRECTOR'S SIGNATURE: W.W. Chamberlain Co. — ADDRESS: Cheverly Md.

24a. REC'D BY REGISTRAR DATE: 3/3/56

24b. REGISTRAR'S SIGNATURE: Amanda Downey

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

02098

2411 N. Charles Street, Baltimore

2120

CERTIFICATE OF DEATH

Reg. Dist. No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6701 F St.

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) (Last) Roach
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1956

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 10/5/1873 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Charlotte Co., Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jessie Wesley Hamlett | 14. MOTHER'S MAIDEN NAME: Sallie Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT: Mrs. Luther Nash

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X
Immediate cause (a) Chronic Uremia — 6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 6 mos.
(c) Generalized Arteriosclerosis — Unknown
Doctor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/55, 19..., to 2/23, 1956, that I last saw the deceased alive on 2/23, 1956, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Lynn M.D. 5241 84. Barnaby St. SE 2/23/56

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Permit | DATE THEREOF 2/23/56 | NAME OF CEMETERY OR CREMATORY Oakview Cemetery | LOCATION (City, town, or county) Oxon Hill | (State) Md.

DATE RECD BY LOCAL REG. Feby 23 1956 | REGISTRAR'S SIGNATURE Carrie Campbell | 24. FUNERAL DIRECTOR ADDRESS Ulrey Funeral Home 2847 Wilson Blvd, Arlington, Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02099

2080

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 Euclid St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 6000 Euclid St Prince Georges County

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Fisher (Last) Robinson

4. DATE OF DEATH: (Month) Feb (Day) 5, (Year) 1956

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 1, 1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Comly B S Robinson Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X

IMMEDIATE CAUSE (A) Lobar Pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Arterio-

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1950, to 2-5, 1956, that I last saw the deceased alive on 2-4, 1956, and that death occurred at 7:30 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Hyattsville Md DATE SIGNED 2-7-56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb 8, 1956 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR Feb 8, 1956 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville ADDRESS Maryland.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02100

Item 14, FilmG193 2-27-56 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2121 CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Heights; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Heights; STREET ADDRESS (If rural, give location) 111 Sachem Drive

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) C. (Last) Ryon

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 16 1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Anne V. Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Rowland R. Ryon 111 Sachem Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 5 yr.

DUE TO (C) Generalized Arteriosclerosis — 15 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1951, to 2-17, 1956 that I last saw the deceased alive on 2-17, 1956, and that death occurred at 1:00 P M, from the causes and on the date stated above.

SIGNATURE Frank J. Pellegrini M.D. ADDRESS 3409 Alabama Ave S.E. Wash. D.C. DATE SIGNED 2-17-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-20-56 — NAME OF CEMETERY OR CREMATORY Congressional — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Feb. 18, 56 — REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR J. William Lee & Co. — ADDRESS 300 4½ St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2981

02101
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5-6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 03x.2
STREET ADDRESS (If rural, give location) 9413 - Harford Road.

3. NAME OF DECEASED: (Type or Print) (First) Peggy (Middle) [illegible] (Last) Schmick

4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-24-31

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Teacher -

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph Neal Pugh

14. MOTHER'S MAIDEN NAME: Mamie Cluff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage o shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest and Bilateral Cerebral Contusions — DUE TO

(c) Automobile accident

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, place bldg., etc.) INJURY Street

21c. (City or town) Laurel - (County) Pr. Geo - (State) Md.

21d. TIME OF INJURY (Month) 2 (Day) 4 (Year) 56 (Hour) 8.30 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-7-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-9-56

NAME OF CEMETERY OR CREMATORY Graham Cemetery

LOCATION (City, town, or county) Orange (State) Va.

DATE REC'D BY LOCAL REG. Feb 7. 1956

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. GASCH'S SONS, HYATTSVILLE, MD.

ADDRESS Hyattsville, Md.

2082

02102
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 13,14 Film9192 2-17-56 et

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 511-4th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Laurel.
STREET ADDRESS (If rural, give location) 511-4th Street.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Gower (Last) Scott

4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-1-1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret M. Scott - Same address.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

976X

Immediate cause (a) Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of head.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

21c. (City or town) (County) (State) Laurel - Pr. Geo - Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-8-56 4:55 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John I. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-8-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/13/56
NAME OF CEMETERY OR CREMATORY Arlington Nat Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Feb 10-56
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Robert Donaldson ADDRESS Laurel, Md.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2983 **CERTIFICATE OF DEATH**

02103
Reg. Dist. No. 245

1. PLACE OF DEATH
a. COUNTY: PRINCE GEORGES — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 25 Riverdale
c. LENGTH OF STAY IN 1b: 3 hrs.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Leland Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Md
b. COUNTY: Pr. Geo.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel, Maryland
d. STREET ADDRESS: Route 2 Box 156 A
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Baby — Middle: Boy — Last: Scruggs

4. DATE OF DEATH: Month: Feb. — Day: 22 — Year: 1956

5. SEX: Male

6. COLOR OR RACE: Wh

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 22, 1956

9. AGE (In years last birthday): ___ yrs. — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L. Scruggs

14. MOTHER'S MAIDEN NAME: Gladys Nellie Dollins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hosp. Records — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH
761.5
DUE TO (b): Premature Separation of Placenta,
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (c): at 23 wks. gestation.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year — Hour a. m. p. m. — 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state) — DATE SIGNED

ACTUAL SIGNATURE: C. J. Hommann M.D.

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: Feb 23, 1956

22c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

22d. LOCATION (City, town, or county) (State): Bladensburg, Md.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. Gasch's Sons Hyattsville Maryland.

24a. REC'D BY REGISTRAR DATE: Feb. 23 1956

24b. REGISTRAR'S SIGNATURE: Mrs. Jas. Devere

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

207623260

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

02104

2084

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 7 Film C192 2-16-56 et

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleverly
LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4510 - 31st. street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pauline	Fletcher	Shipley	2 -	9th	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Married	June 19 1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	At home	Virginia	U.S.A.

13. FATHER'S NAME Charles Gray

14. MOTHER'S MAIDEN NAME Augusta Smallwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Carroll L. Shipley - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarct	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1954, to Feb 9, 1956, that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller	M.D.	Mt. Rainier	Feb. 9 1956

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/11/56	Cedar Hill	Suitland,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/56	Amanda Downey	Robert A. Mattingly	131 - 11th St. S.E. Washington, D.C.

2122

02105
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jannie (Last) Shotwell

4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	May 13, 1910	45 XXXX yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Own Home Tenent

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Briggs

14. MOTHER'S MAIDEN NAME: Nannie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Irene Riley, Croome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4427

Immediate cause (a) Acute Congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel D. Boyd M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-24-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/27/56

NAME OF CEMETERY OR CREMATORY Theresa Babtist Church

LOCATION (City, town, or county) (State) Cemetery- Chub Lake, N.C.

DATE REC'D BY LOCAL REG. Feb 25 1956

REGISTRAR'S SIGNATURE John F Danner

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02106

2123

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Pr. Geos Co

City or town: Carmody Hills

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred: 212 Carmody Hills Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pa. County: Cambria

City or town: Mundays Corner

(If outside city or town limits, write RURAL and give nearest town)

Street No. 75 x 3

(If rural, give LOCATION)

2.(a) If veteran, name war: O

3.(a) FULL NAME: Jacob Benjamin Simmons

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rachel Simmons

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Jan 24 1876

8. AGE: Years: 80 | Months: | Days: | If less than one day: ...hrs. ...min.

9. Birthplace: CAMBRIA Co. Pa. (Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business: Own Shop

FATHER — 12. Name: Joel Simmons

13. Birthplace: CAMBRIA Co. Pa

MOTHER — 14. Maiden name: Hannah Wagner

15. Birthplace: CAMBRIA Co. Pa

16. Informant: Mrs Roberta Myers

Address: 212 Carmody Hills Drive NE. Wash 27. D.C

17. (Burial, cremation, or removal. Which?) Date thereof: (month) (day) (year)

Cemetery or crematory: Pike Brethren Church Cemetery

Location: Jackson Township, Pa

18. Funeral director: J. William Lee & Sons

Address: 300-4th St. NE. Washington, D.C.

19. Feb 29 1956 (Date rec'd by registrar) Carrea Campbell. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 29 1956 at 7:33 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1st 1956 to Feb 29 1956 and that I last saw h.l.w.l. alive on Feb 28 1956

Immediate cause of death	DURATION
Congestive Heart Failure	1 week
Due to: Arteriosclerotic Heart Disease	2 Years (History)
Due to: 420.0	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. Sinclair Ritchie MD. M. D. or other

Address: 7005 Ritchie Rd SE Wash 27 D.C. Date signed: 2/29/56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2085 **CERTIFICATE OF DEATH** 02107 Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doane, Maryland
STREET ADDRESS (If rural give location)

08X-2

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) A. (Last) Slye

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1956

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3/4/67
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: Ret.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BARRet SLye
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Gregory Slye

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X

IMMEDIATE CAUSE (A) Probably uremia — 11-16-55

ANTECEDENT CAUSE (S) DUE TO (B) Prostate hypertrophy stricture of urethra! — 2-10-56

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility, Arteriosclerosis acute urinary retention

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-17-55
19B. MAJOR FINDINGS OF OPERATION: supra pubic cystostomy
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1955 to 2-10, 1956, that I last saw the deceased alive on 2-10, 1956, and that death occurred at 3:50 P.M, from the causes and on the date stated above.

SIGNATURE R. R. Chinn M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/15/56
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) (State) Doane, Md

DATE REC'D BY LOCAL REGISTRAR 2/13/56
REGISTRAR'S SIGNATURE Mrs. [illegible] Pacey Seacrez
24. FUNERAL DIRECTOR Hunt Funeral Home ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH

02108

2411 N. Charles Street, Baltimore

2086 CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 A. St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 39 A St

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) (Last) SMITH

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1956

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 28 1879

9. AGE last birthday 76 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR ON FARM

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) A, A County Near Laurel

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William SMITH

14. MOTHER'S MAIDEN NAME Louise SIMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO. None.

17. INFORMANT AND ADDRESS GEORGE SMITH A+H APT LAUREL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Pulmonary edema — 2 hours

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of colon, with metastases — 5 years
260X (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1955, to Feb 7, 1955, that I last saw the deceased alive on Feb 7 (6 PM), 1956, and that death occurred at 3AM Feb 8, 56 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank V. Weaver, MD — Laurel, Md — Feb 8, 1956

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE Feb 11 1956 — NAME OF CEMETERY OR CREMATORY Ivy Hill — LOCATION (City, town, or county) Laurel — (State) Md.

DATE REC'D BY LOCAL REG. Feb 10 - 56 — REGISTRAR'S SIGNATURE M. Bradshaw

24. FUNERAL DIRECTOR — ADDRESS
Ridgely Selby 410 Washington Laurel Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2040

CERTIFICATE OF DEATH

02109

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3302 Chauncey Place

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Revers (Last) Snyder

4. DATE OF DEATH: (Month) Feb. (Day) 12TH (Year) 1956

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: April 18, 1903 | 9. AGE last birthday: 52 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Motorcycle Opr, Govt. Printing Office | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): York Pa | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Snyder | 14. MOTHER'S MAIDEN NAME: Mary Everhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. 187-09-9839 | 17. INFORMANT'S ADDRESS: Martha Snyder 3302 Chauncey Pl. Mt Rainier Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: FEW MINUTES

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CORORARY SCLEROSIS — 6 YEARS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1954, to 2/12, 1956, that I last saw the deceased alive on 1/25, 1956, and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE J C Bowman M. D. ADDRESS 4021-18th St. N.E. Washington, D.C. DATE SIGNED 2/13/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-14-56 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) York, York County Pa.

DATE REC'D BY LOCAL REGISTRAR Feb 13 1956 | REGISTRAR'S SIGNATURE James Devers | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS Riverdale Md.

Dr Maloney Ref. medical Examiner
was notified & will approve
Dr J. E. Bowman.
FSS-

2124

02110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

Item 9 FilmG192 2-20-56 et

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Melissa (Middle) Elizabeth (Last) Stamp

4. DATE OF DEATH (Month) February (Day) 3 (Year) 19 56

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 18, 1888

9. AGE last birthday: 67 60 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired.): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Bryant

14. MOTHER'S MAIDEN NAME: Cora Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Cora E. Kazey, West Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Gun shot owund of the head

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Croome (County) Prince George's (State) Md.

21d. TIME OF INJURY (Month) 2 (Day) 3 (Year) 56 (Hour) 8 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot self with a rifle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/3/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/6/56

NAME OF CEMETERY OR CREMATORY Brookfield Cemetery

LOCATION (City, town, or county) Naylor (State) Md.

DATE REC'D BY LOCAL REG. Feb. 12/56

REGISTRAR'S SIGNATURE F H Billingsley F H Billingsley

24. FUNERAL DIRECTOR Ritchie Bros.

ADDRESS Upper Marlboro, Md.

02111

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2036 **CERTIFICATE OF DEATH**

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Pascia Geoyer MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2403 Woodberry St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr Geo Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville Md.
STREET ADDRESS (If rural, give location) 2403 Woodberry St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	JANE	STEVENS	Feb	20	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sept 7 1864	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Reece	mary metzgar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Maynard Metzgar 2403 Woodberry St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.0 **Immediate cause** (a) Acute Congestive Heart failure	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease	
(c) Generalized arteriosclerosis	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 26, 1955, to Feb 20, 1956, that I last saw the deceased alive on Feb. 19, 1956, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M.F. Ellmaker MD	401 Kennedy St NW Wash. DC	2/20/56

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 24 1956	Forest Hill	Scranton Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feby 21 1956	Mrs. Jas. Lewis Deputy	Deal Funeral Home	4812 Ga ave

2087

02112
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8008 - 24th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) George (Last) Stoner

4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-11-14	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier	U.S. Post Off.	Wyoming	USA.

13. FATHER'S NAME: Ezra Stoner

14. MOTHER'S MAIDEN NAME: Mary Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
WW II		Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage intracranial	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral contusion + Concussion	
DUE TO		
	(c) Closed fracture of skull bone	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Feb 11 56	Fracture	Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Street	Wash., D.C.		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2-9-56; 11.05 P.M.		Driver of auto. in collision with 2 other autos

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 2-12-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-15-56	Arlington Natl	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/12/56	Mrs. Jas. Devers Deputy	Gawler Funeral Home	300-4th NE Wash. D.C.

S. A15A - 5 - 53

This body released to District Authorities who will conduct their own investigation.

J. D. Maloney, M.D.

Feb 12 - This is apparently an accident death as investigated by A.M.E. of the Metropolitan Police. This body released

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03211

2125

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH
a. COUNTY: Prince Georges — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mount Rainier
c. LENGTH OF STAY IN 1b: 6 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Naylor
d. STREET ADDRESS: 80 Old Naylor Road
e. IS RESIDENCE ON A FARM? YES ☑ NO ☐

3. NAME OF DECEASED (Type or print): First: Raymond — Middle: — Last: Carlton

4. DATE OF DEATH: Month: Feb — Day: 27 — Year: 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Juanita Wilkens, Naylor Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH:

491X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (b): Bronchopneumonia — 3 days

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour: a. m. / p. m. — Month, Day, Year: 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

ACTUAL SIGNATURE: James J. Boyd M.D.

EXAMINER'S NAME (Type)

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

DATE SIGNED: 2-27-56

22a. BURIAL, CREMATION, REMOVAL (Specify): Embalmed stored — **22b. DATE THEREOF**: 2/28/56 — **22c. NAME OF CEMETERY OR CREMATORY**: Univ. of Md. Medical School — **22d. LOCATION** (City, town, or county) (State): Baltimore Md

23. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS

24a. REC'D BY REGISTRAR DATE: MAR 13 1956 — **24b. REGISTRAR'S SIGNATURE**: A. W. Hedrick

VS. A15ME(5)
5M 9/55

2088

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02113 Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 915 - 62nd Place.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Gertrude (Last) Thomas
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Wid.	1888?	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME: Andrew Smith
14. MOTHER'S MAIDEN NAME: Lillian —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Helen Parker, 6102 14th St. Fairmount Hts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular accident	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease.	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-20-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE (THEREOF)	NAME OF CEMETERY OR CREMATORY	LOCATION (City or town, County) (State)
Removal	2/20/56.	Stewart Funeral Home	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/20/56	Edward J. Maloney	F. Pascarosa	Hyattsville, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02114

2037 CERTIFICATE OF DEATH Reg. Dist. No. 2-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1½ yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7976 Riggs Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 7976 Riggs Road

3. NAME OF DECEASED: (First) DONN (Middle) H. (Last) THOMAS
4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1956
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 21, 1909
9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Relations
10b. KIND OF BUSINESS OR INDUSTRY: Church Work
11. BIRTHPLACE (State or foreign country): Morris, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Ralph B. Thomas
14. MOTHER'S MAIDEN NAME: Edna Burmester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Margaret C. Thomas, 7976 Riggs Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

178 X

Immediate cause (a) Inanition — Interval Between Onset and Death: 1 wk.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Seminoma, R. testicle with metastases — 18½ mos.

DUE TO

(c) to Mediastinum, Lungs and Liver

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1954
19b. MAJOR FINDINGS OF OPERATION: Seminoma, R. testes without evident metastases.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1955, to 2-15, 1956, that I last saw the deceased alive on 2-15, 1956, and that death occurred at 12 55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Edmund L. Burnett MD. 7701 Carroll Ave. Takoma Park, Md. 2-16-56

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 19. 1956
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) (State) Prince George Co. Md

DATE REC'D BY LOCAL REG. Feby 16 1956
REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy
24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters, 254 Carroll Ave

LOC

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2089 CERTIFICATE OF DEATH

02116

Reg. Dist. No. 23

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Pr. Geo.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel

STREET ADDRESS (If rural give location) 41 B Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reva		Travers	2	13	19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	9/8/92	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	West Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Bender	Emma Eugenia Lamar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	[redacted]	Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1443 IMMEDIATE CAUSE (A) Congestive heart failure

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertension

DUE TO (C) Chronic Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1955, to 2/13, 1956, that I last saw the deceased alive on 2/13, 1956, and that death occurred at 8:20A.M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS (Street, city, town, state) DATE SIGNED

[signature] 402 Main St - Laurel Maryland 2/13/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/56	Ivy Hill Cemetery	Laurel, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2/15/56	Amanda Downey	De Witt Donaldson, Laurel, Md

2126

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02117 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights — LENGTH OF STAY (in this place) 19 years	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bradbury Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5101 Byers Street	STREET ADDRESS (If rural, give location) 5101 Byers Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert Edward Walker Jr	Feb 23 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	[illegible]	July 1, 1936	19 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Washington D.C.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Edward Walker Sr	Louise McMahon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Louise Walker, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hemophilia

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyd M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED 2-24-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-28-56	Cedar Hill Cemetery	Suitland Rd. Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/56	Carrie Campbell	S. D. Hines Co.	Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, FilmG193 2-27-56 et

2090

CERTIFICATE OF DEATH

Reg. Dist. No. 02118

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Box 223 - Route 2

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) (Last) Washington

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-7-81

9. AGE last birthday 74 yrs. 11 mos. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

466X

IMMEDIATE CAUSE (A) Massive Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Phlebothrombosis, left femoral vein — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of breast with metastases — 6 months

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11, 1955 to 2/6, 1956, that I last saw the deceased alive on 2/6, 1956 and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE David S. Claymaz M.D. ADDRESS Riverdale, Md DATE SIGNED 2/6/56

23. (BURIAL, CREMATION, REMOVAL (SPECIFY)) 2-10-56 — DATE THEREOF 2/10/56 — NAME OF CEMETERY OR CREMATORY Lincoln Memorial Suitland — LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/8/56 — REGISTRAR'S SIGNATURE Amanda L Dorsey

24. FUNERAL DIRECTOR Hoffman Funeral Home — ADDRESS 611-K St. N.E.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2091

CERTIFICATE OF DEATH

Reg. Dist. No. 02119

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 38 Cheverly Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md
STREET ADDRESS (If rural give location) 5508 Edmonston Rd.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Will (Last) Lott

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1956

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH: 7/2/61 | 9. AGE last birthday 94 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own Home | 11. BIRTHPLACE (State or foreign country): Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Snow | 14. MOTHER'S MAIDEN NAME: Esther F. Huntley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Hazel Wilhoit, Riverdale, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) myocardial insufficiency
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1934 to 2-10, 1956 that I last saw the deceased alive on 2-10, 1956, and that death occurred at 4:57 P.M., from the causes and on the date stated above.
SIGNATURE A. Dent, M.D. ADDRESS Hyattsville Md DATE SIGNED 2-10-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/13/56 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR 2/13/56 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR J. Gasch & Sons | ADDRESS Hyattsville Md

2092

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02120 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Highland P.O. 13X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Franklin (Last) Wilson

4. DATE OF DEATH (Month) 2 (Day) -25- (Year) 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-26-32

9. AGE Last birthday: 23 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Franklin Wilson

14. MOTHER'S MAIDEN NAME: Agnes Evelyn Watson Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 12-1-52 to 11-4-54

16. SOCIAL SECURITY NO.: 213-32-7450

17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Stab wound of right auricle
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Tavern

21c. (City or town) Laurel (County) Pr. Geo (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) 2-25-56 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Stabbed by another person during a fight.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-26-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/29/56
NAME OF CEMETERY OR CREMATORY Hopkins Chapel
LOCATION (City, town, or county) (State) Hyattsville Md.

DATE REC'D BY LOCAL REG. 2/26/56
REGISTRAR'S SIGNATURE Amanda Stuart

24. FUNERAL DIRECTOR F.C. Higginbotham
ADDRESS Ellicott City

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02121 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gibbons Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Gibbons Farm

3. NAME OF DECEASED: (First) Sadie (Middle) Elizabeth (Last) Windsor

4. DATE OF DEATH (Month) Feb (Day) 5, (Year) 1956.

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1 May 1914

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Clarence Windsor

14. MOTHER'S MAIDEN NAME: Ida Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Richard Windsor Same as No 2 (Brother(

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Unnamed third degree burn & body DUE TO

(c) and shock

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Naylor (County) P.G. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 5 56 9:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? In house that burned down

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Gough M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-6-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/7/56

NAME OF CEMETERY OR CREMATORY Bacon Fun. Home

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR Bacon Funeral Home

ADDRESS Wash, D.C.

2128

02122
Reg. Dist.

Item 21 Film G194 3-20-56 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
LENGTH OF STAY (in this place) 4/12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS End of 4300 Block Mount St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 3411-43rd Ave

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas Clifton Windsor	2 - 22 - 1956

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	Jan 5, 1949	7 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School		District of Columbia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard E. Windsor, Jr.	Jacqueline Mae Mundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9298

Immediate cause (a) Asphyxia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Drowning — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
		P.G.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		While walking a plank across an artificial pond he slipped and fell into the water.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-22-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 25, 1956	Fort Lincoln	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/56	Amanda D. Mundy	F. Gaschi Sons Hyattsville Md.	

2129

02123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5426

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fairmont Heights
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6111 - K. Street.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 6111 - K. Street

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Winters

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	6-15-25	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	U.S.A.

13. FATHER'S NAME: Charles Allen

14. MOTHER'S MAIDEN NAME: Agnes Cook.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Agnes Allen - 911-62nd Pl. Cedar Hts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Shotgun wound of chest	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) (County) (State) Fairmont Hts. Pr. Geo., Md.
21d. TIME OF INJURY (Month) 2 (Day) 4 (Year) 56 (Hour) 9:00 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shotgun wound of chest.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-5-56

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-5-56	Thomas E. Jenkins Funeral Home	1702-12th St. N.W. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/56	Carrie Campbell	T. Hendrickson	Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03221

2093

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 hrs. 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
STREET ADDRESS (If rural give location) 7200 Temple Hills Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Wright

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1956

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2-13-56

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Wright

14. MOTHER'S MAIDEN NAME: Catherine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: mother (asabove)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5

IMMEDIATE CAUSE (A) Hyaline membrane pulmonary

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13 19 56, to 2/13 19 56, that I last saw the deceased alive on 2/13 19 56, and that death occurred at 5:20 a. M, from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen M. D. ADDRESS College Park DATE SIGNED 2/13/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF March 1954 NAME OF CEMETERY OR CREMATORY Prince Georges Hospital LOCATION (City, town, or county) Cheverly Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3/22/56 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W Pierce Jr ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

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